**FEC** 

## **STATEMENT OF**

FORM 1	(See instructions)			Office use only	
1. NAME OF COMMITTEE (in	full) (Che	ck if name anged)	Example: If typying, type over the lines	12FE4M5	
Adam Smith f	or Congress Committ	ee 		11111	
		1111		1111	
ADDRESS (number and	PO Box 2	3626			
(Check if address is changed)	ess Federal V	Vay		WA L	98093
		(	CITY_	STATE	ZIP CODE ▲
committee's e-mai					
- Saram Solosta					
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
www.electada	msmith.com			1111	
				1111	
COMMITTEE'S FAX N 2535726123	NUMBER				
2. DATE <b>M</b> N	D D D / Y Y Y 2 0	<b>0</b> 6 Y			
3. FEC IDENTIFICATION NUMBER C C00304709					
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)					
I certify that I have exami	ned this Statement and to the	best of my knowl	edge and belief it is true, correct ar	nd complete	
Type or Print Name of	Treasurer Sarah	Hyman			
Signature of Treasurer	Electronically Filed by	Sarah Hyma	an	Date 12	/ 20 / Y Y Y Y Y Y
NOTE: Submission of fal	·	-	subject the person signing this Stat	·	s of 2 U.S.C. S437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)